

Standard Application Form for New or Expanding Agricultural Animal Facilities (other than swine)

Please Type or Print

Section 1 - FACILITY INFORMATION FACILITY NUMBER ND NEW OR EXPANDING FACILITY _____ DATE ISSUED_____ IF EXPANDING: PERMIT NUMBER _____ FARM NAME _____ COMMUNITY _____ COUNTY ____ LOCATION _____ IS THIS FARM PLANNING TO BE A CONTRACT GROWER WITH AN INTEGRATOR? YES or NO NAME OF INTEGRATOR Section 2 – CONTACT INFORMATION PERMIT APPLICANT _____ ADDRESS _____ PHONE NUMBER (WORK) (HOME) (CELL/BEEPER) ARE YOU THE PROPERTY OWNER OF RECORD? YES OF NO IF NO, PROVIDE INFORMATION: PROPERTY OWNER OF RECORD _____ ADDRESS PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____ OPERATOR'S NAME _____ ADDRESS _____ PHONE NUMBER (WORK) _____ (HOME) _____ (CELL/BEEPER) _____ PLAN PREPARER __ TITLE/SC REGISTRATION NUMBER ADDRESS __ PHONE NUMBER (WORK) ______ (FAX) _____ (CELL/BEEPER) _____ Section 3 - ANIMAL TYPES & NUMBERS AVERAGE ANIMAL LIVE WEIGHT = average exit weight + average entry weight = (______) + (______) = ______ pounds Type(s) of Maximum Normal Production **Total Manure** Manure to Additional Acres for Land # of Animals Live Weight (tons/yr or gal/yr) Treatment Scraped Solids or **Application** Animals (at any one time) (pounds) System Compost

Section 4 - MANURE HANDLING & TREATMENT MANURE HANDLING: DRY or WET COMPOSTER: YES or NO STACKING SHED: YES or NO TREATMENT PROPOSED _ ARE YOU LAND APPLYING THE MANURE? YES or NO DO YOU OWN ALL OF THE MANURE UTILIZATION AREAS? YES or CONTRACT DISPOSAL OF MANURE WITH BROKER? YES or NO NAME OF BROKER _ IS INNOVATIVE OR ALTERNATIVE TECHNOLOGY BEING PROPOSED FOR THIS FACILITY? YES or NO ARE YOU APPLYING FOR EXCEPTIONAL QUALITY COMPOST QUALIFICATION? YES or NO NUMBER OF GROUNDWATER MONITORING WELLS PROPOSED $\, \perp$ VOLUME OF LAGOON OR STORAGE POND (if applicable) _____ cubic feet NUMBER OF HOUSES/GROWING AREAS: Existing __ ____ Proposed _ ARE YOU A TRAINED MANURE MANAGER? YES or NO TRAINING DATE _ Section 5 – FACILITY SEPARATION DISTANCES LAGOON, STORAGE POND OR SEPARATION DISTANCES: ANIMAL GROWING AREA (HOUSES OR BARNS) TREATMENT SYSTEM Required Actual Required Actual POTABLE WELLS 200 feet 200 feet POTABLE WELLS OWNED BY THE APPLICANT 50 feet 100 feet WATERS OF THE STATE LOCATED DOWNSLOPE (excluding ephemeral & intermittent streams) 100 feet 100 feet OUTSTANDING RESOURCE WATERS, CRITICAL HABITATS FOR ENDANGERED SPECIES, SHELLFISH HARVESTING WATERS 100 feet 500 feet EPHEMERAL OR INTERMITTENT STREAMS LOCATED DOWNSLOPE 100 feet* 100 feet* DITCHES OR SWALES LOCATED DOWNSLOPE 50 feet* 50 feet* PROPERTY LINE (500,000 lbs or less) (can be reduced or waived with written consent) 200 feet 300 feet PROPERTY LINE (500,001 lbs or greater) (can be reduced or waived with written consent) 400 feet 500 feet OCCUPIED PERMANENT RESIDENCE (can be reduced or waived with written consent) 1000 feet 1000 feet *distance may be reduced if a vegetative water quality buffer that meets NRCS guidelines is installed and maintained. Section 6 – MANURE UTILIZATION AREA SEPARATION DISTANCES For more fields please make copies of this page and add as additional sheets. SEPARATION DISTANCES: Tract #→ Field #→ POTABLE WELL 200 ft WATERS OF THE STATE LOCATED DOWNSLOPE 100 ft* EPHEMERAL & INTERMIT. STREAMS DOWNSLOPE 100 ft* **DITCHES DOWNSLOPE** 50 ft RESIDENCE 300 ft**

MANURE UTILIZATION	AREA TABLE	CONTINUE	D					
SEPARATION DISTANCES:	Tract #→							
	Field #→							
POTABLE WELL	200 ft							
WATERS OF THE STATE LOCATED DOWNSLOPE	100 ft*							
EPHEMERAL & INTERMIT. STREAMS DOWNSLOPE	100 ft*							
DITCHES DOWNSLOPE	50 ft							
RESIDENCE	300 ft**							
* Reduced to 75 ft for incorp **If method of application is is reduced by consent of the o	njection or immed wner of the resid	liate incorpora lence.	ition, then mar		ead to the prope		sidence setback	s may be
b. Design Ca c. Concentra d. Crop Mana information) e. Type of Wa f. Spray Appl g. Manure Ut h. Soils Inforr i. Location m j. Copy of Ta	CATION (and 1 co MANAGEMENT P nure Managemen Iculations and Co tion of Manure Co agement Plan (inc aste Transport/Sp ication System S Ilization Area Information (maps & d aps (showing fact x Map (identifying bodplain location MONITORING WE TPLAN ENT PLAN D OF DEAD ANIM THOD OF DEAD A CONTRACT DIS EPLAN CATIONS FOR AL NT FROM ALL PRO INT FOR WAIVING CHNOLOGY PR E: See instruction	py of the origin LAN at System Designstruction Desorptions of the properties of the	cription tails for treatm acts for each file coment (if applie and Details (if alaps at/storage stru property owr not be located A DETAILS (if EAD ANIMALS EATMENT OR IERS WITHIN 1 NG SETBACKS pplicable): Spe of this page for amount (first y	ent/storage strueld not owned by cable) applicable) applicable) applicable applicable) applicable) applicable) applicable) applicable) applicable applicab	octure, including by the applicant, Ids) feet of the facil r floodplain) ALITY: applicable) JCTURES (com E FOOTPRINT (com a detailed report to e submitted be	g exact location field owner's n lity with names aposter, stacking DF THE FACILIT	& addresses)	ct
I HEREBY CERTIFY THAT A PLISHED PURSUANT TO AN AND AGREE TO THE REQUI MY KNOWLEDGE AND BELI AND ENVIRONMENTAL COI AND ON SITE INSPECTIONS	ID IN KEEPING V REMENTS AND (IEF, TRUE, ACCU NTROL THE RIGH	S, MAINTENA VITH THE TER CONDITIONS RATE, AND C	NCE AND ASS MS AND CON THAT ARE CO	SOCIATED ACT IDITIONS OF TH INTAINED WITH IEREBY GRANT	IVITY PERTAIN IE APPROVED IIN. THE INFOR AUTHORIZATI	PLANS. I HAVE MATION SUBM ION TO THE DE	E READ THIS AP NITTED IS, TO TH EPARTMENT OF	PLICATION HE BEST OF HEALTH
Printed Name /Owner or Lea	see			Signature	e/Owner or Lea	see		
I HEREBY CERTIFY THAT TO 48, CHAPTER 1 OF THE 1987								SOFTITLE
Printed Name/Plan Preparer				Signature	e/Plan Preparer			

APPLICATION INSTRUCTIONS - Agricultural Animal Facility Permit

Purpose: This form must be completed as part of an application package submitted for DHEC approval of proposed NEW or EXPANDING agricultural animal facilities. The required items should be checked to ensure that a complete administrative package has been submitted. If a complete administrative package is not submitted, the entire project may be returned.

Item-by-Item Instructions: Section 1 - Facility Information. Date: Enter the date of application. Facility Number. Leave blank, Department staff will assign a facility number. New or Expanding Facility: If this application is for an existing facility that has previously obtained an agricultural animal facility permit from DHEC, then indicate by checking EXPANSION or NEW if a new facility is being proposed. If an Expansion, provide the following: Permit Number; Provide the permit number for the permitted facility, and Date Issued; Provide the date on which DHEC issued the permit. Farm Name: Give the name of the proposed agricultural animal facility. County: Give the county in which the proposed facility is to be located. Community: Give the name of the community in which the proposed facility is to be located. Location: Give directions to the proposed facility from the nearest town or state road. Integrator Information: Circle YES or NO to indicate whether this farm will be under contract with an integrator or integrating company. Provide the Name of the Integrator for this facility.

Section 2 - Contact Information. Permit Applicant: Enter the name, address and phone numbers for the person who is applying for the permit. Circle YES or NO to indicate whether the permit applicant is the property owner of record. Property Owner of Record: Enter the name, address and phone number of the person who legally owns the property on which the proposed agricultural animal facility is to be located. Operator: Enter the name, address and phone number of the person who will be responsible for the daily operation of the proposed facility. Plan Preparer: Enter the name of the plan preparer. Title/SC Registration Number. Enter the title and SC registration number (if applicable) of the person responsible for the design of the Animal Facility Management plan. Address, Phone Number. Enter the business address and phone numbers for the plan preparer.

Section 3 – Animal Types & Numbers. Average Animal Live Weight. Calculate the average weight of one animal unit by taking the average exit weight plus the average entry weight and divide by two. Type of Animal Operation: Indicate the type of animal proposed to be grown at this facility (i.e. dairy, turkey, broiler, etc....). Maximum # of Animals (at any one time): Indicate the maximum number of each type of animal at the facility at any one time. Normal Production Animal Live Weight (lbs): The maximum number of animals at the facility at any one time multiplied by the average animal live weight of those animals. Total Manure Produced (tons/year or gal/year): The total amount of manure produced by the animals in the span of one year. This amount should be represented in tons per year for dry manure and in gallons per year for wet manure. Manure to Treatment System: Provide the amount of manure or wastewater that is conveyed to a treatment system (if applicable). Additional Scraped Solids or Compost: Provide the amount of manure or solids that may be scraped at the barn, rather than conveyed to the treatment system. Or provide the amount of compost produced at a facility (if applicable). Acres for Land Application: The value here should be the number of acres available, that you would like to designate as manure utilization areas.

Section 4 – Manure Handling & Treatment. Manure Handling: Circle DRY or WET to indicate the type of manure handling for this operation. Treatment Proposed: Describe the type of manure treatment being proposed at the facility. Land Application: Circle YES or NO to indicate whether the manure will be land applied. Owner of Manure Utilization Areas: Circle YES or NO to indicate whether the permit applicant owns all of the manure utilization areas. If the applicant does not own all of the manure utilization areas, then owner information must be provided for each manure utilization area in the Animal Facility Management Plan. Manure Broker. Circle YES or NO to indicate whether a manure broker will be used for contract disposal of the manure from this facility and provide the name of the broker to be used (if applicable). Treatment Technology: Circle YES or NO to indicate whether innovative and alternative technology is being proposed for this facility. Exceptional Quality Compost. Circle YES or NO to indicate whether you are applying for the manure treated at your facility to qualify as exceptional quality compost (must meet product quality standards outlined in Part 300 of R.61-43). Number of Groundwater Monitoring Wells: Provide the number of groundwater monitoring wells that are proposed for this facility. Volume of Lagoon or Storage Pond: Provide the volume area of the proposed lagoon or storage pond. If more than one lagoon or storage pond is utilized, please provide the volume of each structure separately. Number of Houses: Indicate the number of existing and proposed houses that will be located on this property (All houses located on the same property tract must be considered one facility). Trained Manure Manager. Circle YES or NO to indicate whether the operator of the proposed facility has attended the certified manure manager's training and certification class conducted by Clemson Extension Service. Indicate the date on which the certification or training was obtained.

Section 5 – Facility Separation Distances. Separation Distances: This table outlines the required setbacks for the barns, lagoons, manure storage ponds or manure treatment systems. Enter the actual separation distance for the proposed facility in the appropriate spaces.

Section 6 – Manure Utilization Area Information. This table outlines the required setbacks for manure utilization areas. Enter field identification information, tract number, field number, and the actual separation distances for each manure application field in the appropriate spaces. Make copies of this section if you need additional tables for the field information.

Section 7 – Permit Application Submittal Requirements. Check each item that is being submitted as a part of this application. All items under Section 7 should be submitted to DHEC for review. In accordance with the Environmental Protection Fee Reg. 61-30, an application fee is required for submitting an Application for agricultural animal facilities. There is a requirement that DHEC meet certain time frames when processing permit applications. The "DHEC Time" is not the total time but rather it is the time that DHEC spends working on an application after a complete package is received. "DHEC Time" does not include the time an applicant takes to supply any information that may be requested by DHEC. The fees and time frames are as follows:

Agricultural Permit Application Fees

Facility Type	DHEC Time	Fee
Animal Facilities with wet manure handling	120 days	\$240
Animal Facilities with dry manure handling	90 days	\$165

Note: Please make **CHECKS** payable to SC DHEC/Bureau of Finance.

Regulation R61-30 also authorizes DHEC to assess annual environmental operating permit fees for certain permits. All new facilities must submit payment for the first years operating fee before the permit to construct is issued. The operating fee is \$150 per year for animal facilities with wet manure handling operations and \$75 per year for animal facilities with dry manure handling operations.

Section 8 – Certification. For this section, please read the certification statements and have the appropriate person(s) sign the certification. DHEC Processing Procedures:

Two (2) copies of the submittal package are submitted to DHEC. After Permitting, DHEC files the original in the main project file, located in DHEC's central office. DHEC sends a copy of the approved package to the appropriate EQC District Office.